



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400002

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAND HO! INC.

DOING BUSINESS AS LAND HO!

ADDRESS 38 MAIN ST

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: MURPHY, JOHN JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

38 MAIN STREET: ONE FLOOR W/2 ROOMS & KITCHEN; PARTIAL CELLAR FOR STORAGE.
97 SEAT RESTAURANT, 28 SEATS IN LOUNGE AND PATIO 3,268 SQFT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400003

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORLEANS YACHT CLUB, INC.

DOING BUSINESS AS ORLEANS YACHT CLUB

ADDRESS 39 COVE ROAD

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: POWERS, ERIN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRY WAY, SMALL OFFICE, FURNACE ROOM, KITCHEN, STORAGE ROOM OFF KITCHEN. 3
LARGE COMMUNITY ROOMS AND STORAGE ROOM FOR SAILS, BOAT EQUIPMENT, 3
LAVATORIES. 4 OUTSIDE DOORS. APPROX 4000 SQ FT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400005

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOUR STAR BROTHERS, INC

DOING BUSINESS AS HUNAN GOURMET

ADDRESS 225 CRANBERRY HWY.

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: CHEN, BI YAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3600 SQ FT ON FIRST AND ONLY LEVEL LOCATED AT THE UNDERGROUND MALL. THREE ENTRANCES AND EXITS, THE FRONT MAIN DOOR IS LOCATED AT THE FRONT OF THE RESTAURANT, AN EXIT THRU THE UTILITY ROOM AND AN EMERGENCY EXIT IN THE REAR OF RESTAURANT. SEATS 99

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400009

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JESSICA'S HOMEPORT, INC

DOING BUSINESS AS HOMEPORT RESTAURANT

ADDRESS 7 BREWSTER CROSSROADS

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: KNIGHT, JESSECA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 3 ROOMS, (DINING AREA AND KITCHEN AND CRAWL SPACE, NO USE)
SERVICE BAR IN KITCHEN. SERVICE IS AVAILABLE IN DINING ROOM AND ONLY WITH
MEALS AT THE LUNCH COUNTER

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400011

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LA ROCCA GROUP, INC.

DOING BUSINESS AS NAUSET BEACH CLUB RESTAURANT

ADDRESS 222 MAIN ST.

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02643

MANAGER: DUQUETTE,
ARTHUR JR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG. DIVIDED INTO 3 ROOMS W/OPEN ENTRANCES & A KITCHEN. CELLAR FOR STORAGE, ENCLOSED PORCH AREA & ENCLOSED DECK AREA FROM NOON TIME MEAL ONLY FOR TOTAL OF 55 SEATS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400017

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DRAGON CITY RESTAURANT INC.

DOING BUSINESS AS DOUBLE DRAGON

ADDRESS 59 CRANBERRY HWY

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: WONG, WA LUN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, 1/2 CELLAR AND DECK. ONE ENTRANCE AND EXIT ON TO RTE 28; ONE ENT/EXIT TO RTE 6A

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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LICENSE NUMBER: 093400019

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEASHORE DELI INC.

DOING BUSINESS AS YARDARM

ADDRESS 48 RTE. 28

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: SULLY, JOHN S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE AND EXIT AT THE CORNER OF THE BLDG. ONE FLOOR, 2 MAIN ROOMS;
1/2 CELLAR FOR STORAGE. CELLAR OF ADJOINING BLDG USED FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400024

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONWAY ENTERPRISE, LTD

DOING BUSINESS AS CAPTAIN LINNELL HOUSE

ADDRESS 137 SKAKET BEACH RD.

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: CONWAY,
WILLIAM A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ENTRANCES AND EXITS. MAIN HOUSE HAS 2 FLOORS, 6 ROOMS, 2 BATHS UPSTAIRS;
FIRST FLOOR, 4 ROOMS AND ONE BATH. CELLAR CONTAINS FURNACE AND PUMP. SHED
AND PATIO WITHIN WALL AREA. SERVICE AND SALES RESTRICTED TO FIRST FLOOR ON
MAIN HOUSE

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LICENSE NUMBER: 093400025

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JD MOSS, INC

DOING BUSINESS A SALTWATER GRILLE AND BINNACLE TAVERN

ADDRESS 20-22 SO.ORLEANS RD-RTE.28

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: MOSS, SCOTT A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS, GROUND FLOOR IN BACK ONE LARGE ROOM. 1ST FLR, FRONT, EIGHT ROOMS, 2ND FLOOR FRONT; SIX ROOMS. 1ST FLR BACK, 3 ROOMS ATTIC USED FOR STORAGE; CAPE CELLAR FOR STORAGE. SERVICE AT TABLES ONLY IN FRONT AND SERVICE AT TABLE AND BAR IN REAR. SERVICE ON PATIO

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400028

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: L.W. HIRST ASSOCIATES INC.

DOING BUSINESS AS THE OLD JAILHOUSE TAVERN

ADDRESS 28 WEST RD.

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: HIRST, WILLIAM L. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH KITCHEN WITH EGRESS; DINING ROOMS WITH EGRESS, BAR, ENTRY AND EXIT. FULL BASEMENT WITH AN ADDITION TO EXISTING RESTAURANT TO INCLUDE 2 FUNCTION ROOMS AND A SMALL BAR. PATIO AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400029

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEARTH N' KETTLE OF ORLEANS INC.

DOING BUSINESS AS HEARTH N' KETTLE FAMILY RESTAURANT

ADDRESS 9 WEST ROAD

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: CATANIA,
WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF DINING ROOM, BRUNCH BAR, COUNTER AREA, KITCHEN,
STORAGE. TWO CUSTOMER ENTRANCES AND EXITS AND ONE SERVICE ENTRANCE. 18
FOOT PAVILION FOR SERVING FOOD & BEVERAGES.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400031

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 2 D'S TRANSPORT, INC

DOING BUSINESS AS FULLER'S PACKAGE STORE

ADDRESS 180 CRANBERRY HWY

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: DUNN,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

FREDERICK R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK AND STEEL BLDG. ONE SALESROOM, OFFICE, TWO
LAVATORIES AND CELLAR STORAGE. TWO ENTRANCES AND EXITS

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400032

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORLEANS GENERAL STORE, INC.

DOING BUSINESS A FRIENDS MARKETPLACE

ADDRESS 57 MAIN STREET

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: JUMKINS, JAMES E.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CEMENT BLOCK BLDG WITH BRICK FACE. ONE FLOOR WITH STORAGE IN BACK ROOM.
APPROX 9,000SQFT. RESTROOMS AND IS FULLY EQUIPED SUPER MARKET.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400033

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD COLONY HOLDING CO, INC

DOING BUSINESS AS WINDMILL LIQUORS AND FINE WINES

ADDRESS 28 ROUTE 6A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02643

MANAGER: PLANSKY,
MEGAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 7,452 SQ FT. 3 ENTRANCES/EXITS; ONE STORY WOOD BUILDING STORE AREA,
OFFICE SPACE, STORAGE, WALK IN CELLAR AND ATTIC SPACE

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400036

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORLEANS WINE & SPIRITS, LTD.

DOING BUSINESS AS LIQUOR LOFT

ADDRESS UNIT 4A SKAKET CORNERS 9 WEST RD.

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: VALCHUIS,
ROBERT F.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL STORE CONTAINING ONE PUBLIC ENTRANCE AND EXIT AT FRONT OF STORE.
EMPLOYEE/ DELIVERY ENTRANCE AND EXIT REAR OF STORE. ONE STORY CONSISTING
OF SELLING AREA, STORAGE AND OFFICE AREAS

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400038

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DRJX DELI,LLC

DOING BUSINESS AS THE LAST STOP

ADDRESS 199 MAIN STREET

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02643

MANAGER: SETHARES,
ROBERT M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG. PUBLIC ACCESS FACING MAIN ST WITH SECONDARY ACCESS AT
REAR OF BLDG. NO ALCOHOL TO BE CONSUMED ON PREMISES, SPECIFICALLY
OUTDOOR TABLES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400039

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HESS MART OF MASSACHUSETTS, LLC

DOING BUSINESS AS HESS EXPRESS 21247

ADDRESS 401 RTE 28 #615

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02662

MANAGER: BARBI, MARK G.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL STORE; 2400 SF + MAIN ENTRANCE OFF RTE. 28 W/ REAR EXIT ON THE WEST PORTION OF REAR WALL; ONE STORY BUILDING.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400040

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAUSET FISH MARKET, INC.

DOING BUSINESS AS NAUSET FISH & LOBSTER POOL

ADDRESS 38 CRANBERRY HWY.

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: HARRISON,
RONALD E.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE AND EXIT ON RTE 6A, REAR EXIT FOR STORAGE. WOODEN
STRUCTURE, ONE FLOOR WITH TWO ROOMS. ONE ROOM FOR SALES. ONE ROOM FOR
STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400053

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AT THE BEGINNING OF THE BEACH ROAD CORP.

DOING BUSINESS AS JOE'S BAR & BARLEY NECK INN

ADDRESS 5 BEACH ROAD

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02643

MANAGER: LEWIS, JOSEPH G. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 12,000 SQ FT BLDG WITH PUBLIC ENTRANCE, LAWN FOR RECEPTIONS AND INN WITH ROOMS UPSTAIRS, BASEMENT AREA, PATIO, 143 SEATS IN RESTAURANT, PATIO AND PUB AREAS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400057

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST ROAD CORP.

DOING BUSINESS AS THE BEACON ROOM

ADDRESS 23 WEST RD

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: ROCHE,
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TOTAL OF 66 SEATS. APPROX 1880 SQ FT, DINING ROOM AND BATHROOMS. APPROX 1078 SQ FT KITCHEN; STORAGE AND BASEMENT STORAGE AREA APPROX 802 SQ FT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400058

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORLEANS WATERFRONT INN, INC

DOING BUSINESS AS ORLEANS WATERFRONT INN

ADDRESS 3 OLD COUNTY RD

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: SANTIAGO, ERIN TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 STORY WOOD BLDG WITH LOWER AREA CONSISTING OF TWO STORAGE AREAS, BAR AREA, LOUNGE AREA, LOUNGE, RESTROOMS AND DECK WITH ENT/ EXITS FROM THE LOUNGE AREA ONTO THE DECK, HALL AND WORKSHOP.. 1ST FLR; KITCHEN, LOBBY, OFFICE, DINING ROOM, BRIDGE ROOM AND RESTROOMS. ENTRANCES/EXIT

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400059

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LE DUE COMARI LLC

DOING BUSINESS AS

ADDRESS 15 COVE RD

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: VALDEZ, MELISA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

15 COVE ROAD; ONE STORY BUILDING WITH FRONT, SIDE AND BACK ENTRANCES/EXITS;
DINING AREA, KITCHEN AREA, BAR AND RESTROOMS; BASEMENT AREA FOR STORAGE;
OFFICE AND UTILITY ROOM; APPROXIMATELY 3,600 SQ FT INCLUDING 33'X34' DECK.
TOTAL SEATING NOT TO EXCEED 57.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400062

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRUE BLUE ATLANTIC, INC.

DOING BUSINESS AS MAHONEY'S ATLANTIC BAR & GRILL

ADDRESS 28 MAIN ST

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: MAHONEY,
EDWARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

24' x 60' framed bldg. ,two entrances/exits at the front of bldg. On entrance/exit at rear of bldg. Bar area,kitchen area, main dining area & restrooms

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400063

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ABBA & IMA INC

DOING BUSINESS AS ABBA

ADDRESS 89 OLD COLONY WAY

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: BRATBERG,
CHRISTINA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND BAR ON 1ST FLOOR. 3 ENTRANCES AND EXITS ON FIRST FLOOR.
KITCHEN, STORAGE AREA LOWER LEVEL WITH ENTRANCE/EXIT INTERIOR STAIRCASE
CONNECTS LOWER LEVEL AND FIRST FLOOR 36 SEAT CAPACITY

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400067

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KALINA, INC.

DOING BUSINESS AS ZIA A PIZZERIA AND CAFE

ADDRESS 210 MAIN STREET

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: MORSE,
FREDERICK W.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORAGE IN BACK WITH ONE SERVICE DOOR TO DELIVERY AREA BEHIND THE
BUILDING TWO DOORS IN FRONT OF STORE. ENTIRE IS ON ONE LEVEL, APPROX 2310 SQ.
FT. SEATING NOT TO EXCEED 28 SEATS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400068

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAIN STREET WINE & GOURMET LLC

DOING BUSINESS AS MAIN STREET WINE & GOURMET

ADDRESS 42 MAIN STREET

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: TARTER,
HEATHER M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,000 SQ. FT. STAND ALONE RETAIL STORE. PUBLIC FROM ENTRANCE AND REAR
EMERGENCY EXIT, 2 LOFTS LOCATED UPSTAIRS, 1 IN FRONT 2ND IN REAR. FRONT LOFT
HAS EMERGENCY EXIT LEADING DOWN EXTERIOR STAIRWAY AND CANNOT BE
ACCESSED FROM OUTSIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400069

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BANGKOK CUISINE INC.- PLYMOUTH

DOING BUSINESS AS BANGKOK THAI CUISINE

ADDRESS 46-48 CRANBERRY HIGHWAY

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: SANGWORN,
KHAMPHO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RESTAURANT PREMISES OF WOOD FRAME WITH INDOOR DINING AREA,
KITCHEN AREA, BAR AREA RESTROOMS AND THREE SEPARATE ENTRY/EXIT
DOORWAYS 90NE WITH HANDICAP ACCESSIBLE RAMP)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400070

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HURRICANE HUGO INC.

DOING BUSINESS AS LOST DOG PUB

ADDRESS 63 ROUTE 6A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02673

MANAGER: HILLEY, JOHN J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS WITH BASEMENT; 136 SEATS (TOTAL) RESTAURANT INCLUDING THREE DINING ROOMS WITH LARGE DINING ROOM HAVING ITS OWN EGRESS... BAR AREA WITH ITS OWN EGRESS... ONE EAST FACING MAIN ENTRANCE; A KITCHEN WITH ITS OWN EGRESS; THREE BATHROOMS WITH ADJACENT EGRESS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400072

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TODD GODDARD & CHRIDTOPHER TOMKINSON

DOING BUSINESS AS ORLEANS VILLA PIZZA

ADDRESS 87 ROUTE 6A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02673

MANAGER: GODDARD, TODD
& TOMKINSON,
CHR

TYPE OF LICENSE: Restaurant
CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE BUILDING, 3 ROOMS, PARTIAL STORAGE IN CELLAR, ENTRANCES AND EXITS; ONE
ON WEST SIDE AND ONE ON NORTH SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400073

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MATTHEW P. BARRON

DOING BUSINESS AS NAUSET GRILL

ADDRESS 56 MAIN STREET

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02673

MANAGER: BARRON,
MATTHEW P.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LICENSED PREMISES IS LOCATED IN A MULTI UNIT, TWO STORY WOOD FRAME BUILDING. 1890SQ.FT. CONSISTING OF A DINING ROOM, FOOD ORDERING AREA, KITCHEN AREA, STORAGE AREA, ONE MENS/LADIES BATHROOM, AND ONE EMPLOYEE BATHROOM. ONE ENTRANCE/EXIT LOCATED IN THE KITCHEN AREA, ONE ENTRANCE/EXIT IN THE FOOD ORDERING AREA, AND ONE ADDITIONAL EXIT IN THE DINING ROOM. THE NUMBER OF SEATS IS NOT TO EXCEED 24

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400074

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRUE WORDS TORTILLAS, INC

DOING BUSINESS AS GUAPOS TORTILLA SHACK

ADDRESS 136 RT 6A B2A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02673

MANAGER: PARKER, KYLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RESTAURANT I A STRIP MALL/PLAZA CONSISTING OF 2,300 SQ.FT +/- WITH GLASSA FRONT AND ALUMINIUM FRAMED ENTRY, INDOOR DINING AREA WITH 65 SEATS, BAR AREA, KITHCEN AREA, TWO RESTROOMS, TWO ENTRANCES& EXITS; RESTAURANT IS HANDICAP ACCESSIBLE AS IT SITS AT STREET LEVEL; ALL ALCHOHOL WILL BE STORED AT THE BAR AND IN THE MANAGER'S OFFICE/LIQUOR ROOM; DRY STORAGE AREA WITH A WALK-IN COOLER FOR ALL COLD BEVERAGES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)